

## Board Packet, August 10 BOC Meeting

### J. New Business

1. Moment of Silence will be asked for on behalf of our Sheriff Brian McLean. Brian served Houghton County in the role and proudly for the past 26 years.
2. The Mini Excavator has come to the lease maturity date of September 1. The Board will be asked to approve the purchase of the machine, as that is one of the options available to the County as the September 1 date nears. If approved, this workhorse machine will stay with us and in service. It is used every day, and all day as we serve clients with unloading needs of refuse from trailers, and for directing of trash to the back bins and compacting unit.
3. For the proposed Purchase Agreement for the Sharon Avenue property and church building a Resolution is needed to be passed by the BOC. The Resolution will request the formal annexation of the parcel detailed in the Resolution, and then delivered to both the City of Houghton and to The Charter Township of Portage for their consideration and adoption if they agree to the matter.
4. Our Building department has not been in line with State Fee schedules (lower at the present time) for several years. If adopted, the new proposed fee structure would be implemented immediately, and it would place our fee structure in line with neighboring County Building Departments.
5. The New Enduring Gifts Fund program has generated proposed documents that will be used as Fund Raising is opened to the public on behalf of the County. Program explanations and gift agreements will be proposed to the BOC for adoption, so that the program can get its start.
6. Travel Requests
  - a. Ben Larson to the MMRMA Annual Conference August 18-21 in Traverse City. MMRMA will pay all costs, as Ben serves as an Officer on the State Pool Committee for the organization.
  - b. Controller Elizabeth Bjorn will attend the Michigan Association of County Administrative Officers Annual Conference in Thompsonville, Michigan on August 31-September 3. Total costs for Elizabeth to attend will be \$609 if approved.
  - c. Building Inspector Todd LaRoux will attend the Code Officials Conference of Michigan in Thompsonville, Michigan on September 28-October 1. Total costs for Todd to attend will be \$975 if approved.

Three appropriations will be considered for adoption by the BOC for WUPPDR, CCC Mental Health, and the Western UP Health Dept.



**JOHN DEERE**  
FINANCIAL

John Deere Financial  
6400 NW 86th Street, P.O. Box 6600  
Johnston, IA 50131-6600 USA

7/22/2021

To: HOUGHTON COUNTY SOLID WASTE TRANSFER STATION  
401 E HOUGHTON AVE  
HOUGHTON, MI 49931-2016

RE: Lease Account # 030-0065112-000  
Lease Maturity Date: 9/1/2021  
Equipment: JD EXCA 1FF075GXHFJ015585

Dear HOUGHTON COUNTY SOLID WASTE TRANSFER STATION:

Your current equipment lease will be maturing on: 9/1/2021  
John Deere Financial would like to know your intentions before the maturity date.

***If you're returning your equipment...***

Please make the proper arrangements with your John Deere dealer to ensure that the return is handled smoothly. Most importantly, we want to make sure that your John Deere dealer has enough time to work with you to make any repairs required and discuss replacing your current equipment.

***If you would like to renew your lease or purchase the equipment...***

Please contact John Deere Financial Asset Management at 800-488-8732 to learn about options available to you upon credit approval.

Please notify John Deere Financial or your John Deere dealer of your decision before the maturity date **so that rental charges for a late return do not accrue**. If you have already notified John Deere Financial of your decision, please disregard this letter. Thank you for your timely attention to the completion of your lease contract. We appreciate your business.

Sincerely,

Your John Deere Financial Asset Management Team  
Phone: 800-488-8732  
Email: [jdfassetmgmt@johndeere.com](mailto:jdfassetmgmt@johndeere.com)



John Deere Financial  
 6400 NW 86th Street, P.O. Box 6600  
 Johnston, Iowa 50131-6600 USA

**Asset Management Group**

**MATURED LEASE NOTICE**

Please complete, sign and date this form and return 30 days prior to maturity. You can mail this form to the above address, Attn: Asset Management, fax it to 1-800-438-8731 or email it to [JDFAssetMgmt@JohnDeere.com](mailto:JDFAssetMgmt@JohnDeere.com). If you need to contact us please call 800-488-8732. Thank you for leasing with John Deere Financial.

**BUSINESS CONFIRMATION STATEMENT (this area is required to be completed)**

Current Business Name:	Good standing (current yr filing completed) Yes          No
Lease Contract Number:	Equipment Serial # (1 <sup>st</sup> piece):
Is this a name change since contract start date?          Yes          No	Entity Type (Corp, LLC, etc) (if changed):
New tax ID number (if changed):	Registration state (if changed):
New Address (if changed):	

**Please check one of the boxes below:**

I wish to convert my lease to a retail contract pending credit approval. I am working with my local John Deere dealer (Dealer Name) \_\_\_\_\_ and my (Sales Rep) Is: \_\_\_\_\_.

I wish to renew my lease for \_\_\_\_\_ months, pending credit approval. (Please contact John Deere Financial for renewal quotes.)

I wish to pay off the leased equipment. Please email or mail an invoice for the purchase price once my final payment has been posted. Email Address: \_\_\_\_\_  
 Address \_\_\_\_\_.

I wish to return the leased equipment to my local John Deere dealer, \_\_\_\_\_, on or before the lease maturity date. If not returned by lease maturity date, I understand I must notify John Deere Financial and rent will be billed. I will return it to \_\_\_\_\_ location (City/State).

I am working with my local John Deere dealer (Dealer Name) \_\_\_\_\_ on trading for a new piece of equipment. I am working with (Sales Rep) \_\_\_\_\_.

*Please note, if you have insurance through John Deere's physical damage insurance program underwritten by Sentry Select Insurance Company of Stevens Point, Wisconsin, coverage expires at the lease maturity date. If you want uninterrupted insurance coverage please contact Sentry Select Insurance Company at 877-782-6873 or another insurance provider. You have the option of continuing to participate in John Deere's physical damage insurance program if you elect to extend the term of your lease or convert your lease to an installment contract for the term of the lease extension or installment contract.*



# JOHN DEERE FINANCIAL

## Lease Schedule

Lease Schedule No.	030-0065112-000
Master Lease Agreement No.	0065112

<b>Lessee:</b> (Name & Address)	<b>HOUGHTON COUNTY SOLID WASTE TRANSFER STATION</b> 401 E HOUGHTON AVE., , HOUGHTON, MI 49931-2016
<b>Lessor:</b>	<b>DEERE CREDIT, INC.</b> 6400 NW 86 <sup>th</sup> ST, PO BOX 6600, JOHNSTON, IA 50131-6600

### LEASE TERM

Lease Term Start Date	Lease Term End Date	# Of Payments	Lease Payment	*Sales/Use Tax	Total Lease Payment	Purchase Option Price
09/01/2016	09/01/2021	60	\$1,156.00	\$0.00	\$1,156.00	\$38,200.00

\*If part of the regular scheduled lease payment

### RENEWAL TERM

Renewal Term Start Date	Renewal Term End Date	# Of Payments	Renewal Lease Payment Amount	Sales/Use Tax	Total Renewal Lease Payment	Purchase Option Price

### PAYMENT TERMS

### PAYMENT DUE AT SIGNING

Due Date	1 <sup>st</sup> Payment Due Date	Discount Rate	Advance Lease Payment**	\$1,156.00
01	09/01/2016	Internal Rate of Return minus 2 percent (2%)	Origination Fee	\$0.00
<b>Billing Period</b>	<b>Irregular Payments</b>		<b>Security Deposit</b>	<b>\$0.00</b>
<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Irregular			<b>Total Due At Signing</b>	<b>\$1,156.00</b>
				**Advance Lease Payment includes the first (1) and last (0) Lease Payment(s)

"Master Agreement" shall mean the above referenced Master Lease Agreement. "Schedule" shall mean this Lease Schedule. "Lease" shall mean this Schedule and the Master Agreement. All of the terms and conditions set forth in the Master Agreement and any amendment, addendum, schedule or attachment thereto or hereto including, but not limited to, the Equipment Return Provisions are hereby incorporated into and made a part of this Schedule.

**Lease Payments.** You agree to remit the Lease Payments (and applicable sales, use and property taxes) on the dates noted above and all other amounts when due to: DEERE CREDIT, INC., P.O. Box 4450, Carol Stream, IL 60197-4450.

**Hourly Charges.** You certify that the hour meter reading on each item of Equipment is accurate as of the date you sign this Schedule. If you use any Equipment during the Lease Term for more than the Hourly Limit indicated above for that item of Equipment, you will pay to us within 10 days of the Lease Term End Date (or any earlier termination of the Lease) an amount equal to the Excess Hour Charge for that item of Equipment for each hour in excess of the Hourly Limit. If the Lease is terminated, cancelled or extended for any reason, the Hourly Limit will be prorated by us in our sole discretion.

**Purchase Option.** You may purchase the Equipment on the Lease Term End Date (or the Renewal Term End Date) for the applicable Purchase Option Price (plus applicable Taxes including estimated property taxes), provided (1) you are not in default; and (2) we receive the Purchase Option Price and any other amounts you owe us on or before the Lease Term End Date (or the Renewal Term End Date). Upon receipt of the Purchase Option Price, we will transfer to you all of our right, title and interest in such item(s) of Equipment AS-IS, WHERE-IS, WITHOUT ANY WARRANTY AS TO CONDITION OR VALUE.

**Renewal Term.** If (1) a Renewal Term is provided for above, and (2) you notify us at least sixty (60) days prior to the end of the Lease Term that you intend to renew the Lease for the Renewal Term, the Lease shall renew for the Renewal Term. You agree to remit to us the Renewal Lease Payments indicated above (plus applicable taxes and other amounts) when due and payable each Billing Period, even if we do not send you a bill or an invoice.

**Representations and Warranties.** You represent and warrant to us, as of the date you signed this Schedule, that (1) the Equipment was selected by you; (2) the Equipment (including all manufacturer manuals and instructions) has been delivered to, and examined by, you; (3) the safe operation and the proper servicing of the Equipment were explained to you; (4) you received the written warranty applicable to the Equipment and understand that your rights under the written warranty may be limited; (5) the Equipment is unconditionally and irrevocably accepted by you as being suitable for its intended use; (6) the Equipment is in good condition and repair (operating and otherwise); (7) the Equipment shall be used only for the purpose indicated herein; (8) except as disclosed to us, neither you nor any person related to you will have an equity interest in the Equipment on the Lease Term Start Date; and (9) all information provided to us by you is true and correct.

You acknowledge and agree that: (1) we did not select, manufacture or supply any of the Equipment; (2) we acquired the Equipment at your direction; (3) you selected the supplier of the Equipment; (4) you are entitled to all manufacturer warranties ("Warranty Rights") and we assign all Warranty Rights to you, to the extent assignable; (5) you may request an accurate and complete statement of the Warranty Rights, including any disclaimers and limitations, directly from the manufacturer; and (6) you assign to us all your rights (but none of your obligations) under all purchase orders, purchase agreements or similar documents relating to the Equipment. You waive all rights and remedies conferred upon a lessee under Sections 508 - 522 of Article 2A of the Uniform Commercial Code.

Lease Payments may be based on the assumption that we will be entitled to certain tax benefits as the owner of the Equipment. If you take or fail to take any action that results in a loss of such tax benefits, you will pay us, on demand, the amount we calculate as the value of such lost tax benefits.

**Miscellaneous.** You agree that we can access any information regarding the location, maintenance, operation and condition of the Equipment, and you irrevocably authorize anyone in possession of such information to provide all of that information to us upon our request. You also agree to not disable or otherwise interfere with any information-gathering or transmission device within or attached to the Equipment. You permit us to monitor and record telephone conversations between you and us. By providing any telephone number, including a mobile phone number, to us, any of our affiliates or any debt collectors we retain, we, such affiliates and such retained debt collectors can contact you using that number, including calls using an automatic dialing and announcing device and prerecorded calls, and that such calls are not "unsolicited" under state or federal law. All of our rights under each Lease shall remain in effect after the expiration of the Lease Term or termination of the Schedule.





## RESOLUTION 21-12

### **RESOLUTION TO REQUEST ANNEXATION OF PARCEL 31-010-252-007-00 FROM THE CHARTER TOWNSHIP OF PORTAGE INTO THE CITY OF HOUGHTON.**

WHEREAS, the Houghton County Board of Commissioners has entered into a contingent Purchase Agreement to acquire two abutting parcels bearing tax identification numbers 31-052-185-015-70 and 31-010-252-007-00, which collectively have a street address of 19741 West Sharon Avenue, Houghton, Michigan, and which are more particularly described in Exhibit A attached to this Resolution, and which are depicted in Exhibit B;

WHEREAS, parcel 31-052-185-015-70 is currently located in the City of Houghton, and parcel 31-010-252-007-00 is located in Portage Township;

WHEREAS, the Purchase Agreement is contingent upon the parcel not located in the City of Houghton being annexed from Portage Township into the City of Houghton;

WHEREAS, the proposed Annexation, if approved, would move the parcel 31-010-252-007-00 into the City of Houghton and the County Seat, as required by State Law for the housing of specific County Facilities;

NOW, THEREFORE, BE IT RESOLVED, that the County of Houghton and its Board of Commissioners formally request that the City of Houghton and The Charter Township of Portage consider the Annexation into the City of Houghton and out of the Charter Township of Portage for parcel 31-010-252-007-00.

BE IT FURTHER RESOLVED, that the County Clerk shall deliver a copy of this Resolution to the City of Houghton and to The Charter Township of Portage for their consideration.

Moved: Commissioner

Supported: Commissioner

Carried: YES Commissioners

NO None

ABSENT None

Roll Call Vote

RESOLUTION DECLARED ADOPTED.

STATE OF MICHIGAN            )

COUNTY OF HOUGHTON        )

I hereby certify that the foregoing is a true and complete copy of a resolution adopted by the Board of Commissioners for the County of Houghton, Michigan, at a regular meeting held on the 10<sup>th</sup> day of August, 2021, the original of which resolution is on file in my office. I further certify that the meeting was held and the minutes therefore were filed in compliance with Act No. 267 of the Public Acts of 1976.

IN WITNESS WHEREOF, I have hereunto affixed my official signature this 10th day of August, 2021.

---

Jennifer Kelly, County Clerk  
County of Houghton



EXHIBIT B

052-620-019-00

W Sharon Ave

052-185-015-70

010-486-001-00

070-055-00

010-252-007-00

010-485-001-00  
010-485

070-058-00

010-484-001-00  
01

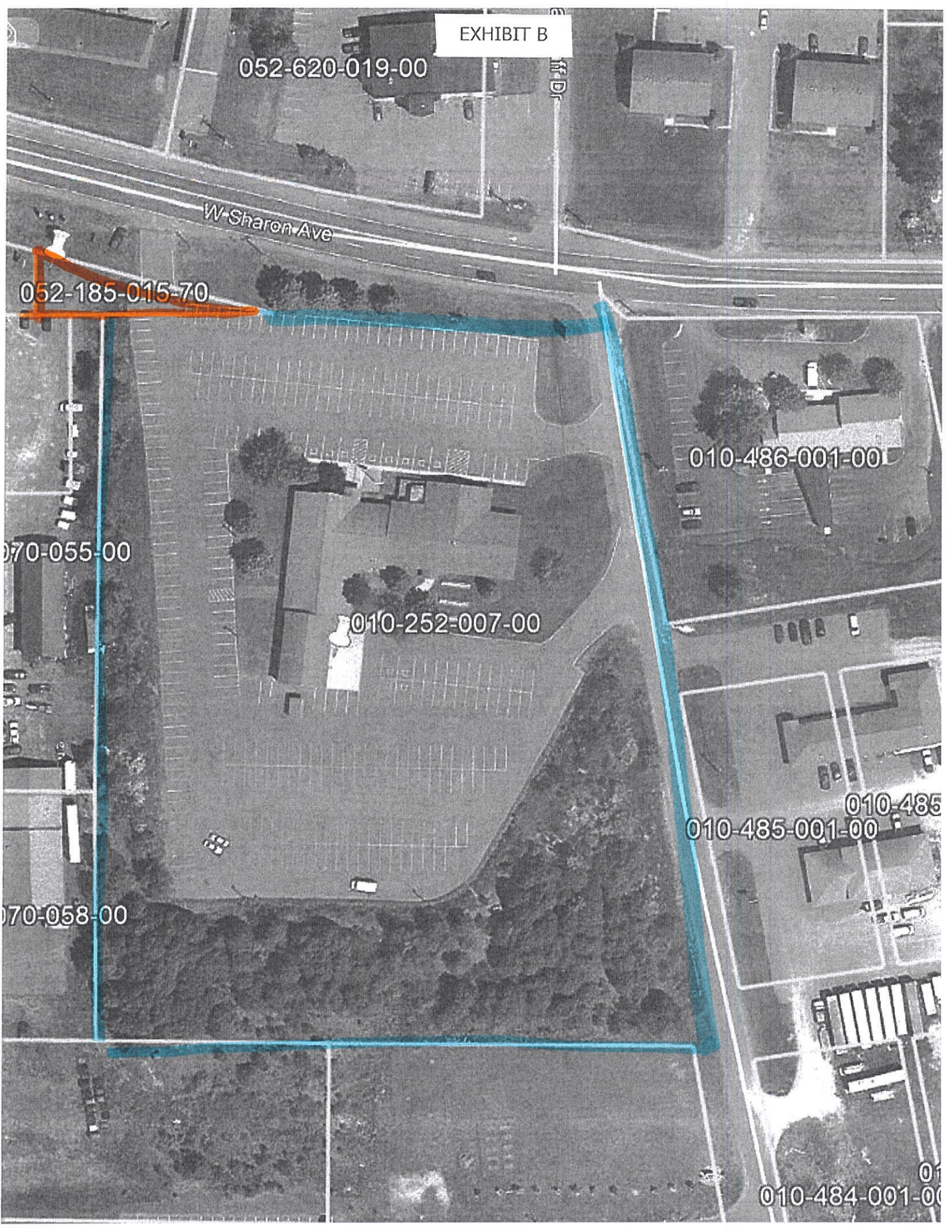




EXHIBIT A

Parcel 31-010-252-007-00:

A parcel of land situated in the Township of Portage, County of Houghton, and State of Michigan more particularly described as:

Parcel A, a parcel of land in the North 1/2 of the Northeast 1/4 of Section 2, T45N, R34W, Portage Township, Houghton County, Michigan, described as follows: Commencing at the North 1/4 corner of said Section 2; thence South 89°57'30" East, along the North line of said Section 2, 934.21 feet to the P.O.B. of Parcel "A" herein described; thence South 89°57'30" East, along the North line of said Section 2, 183.17 feet to the South Right-Of-Way line (100 feet R.O.W.) of Sharon Avenue; thence on a 2341.83 feet radius curve to the left, along the South R.O.W. line (100 feet R.O.W.) of Sharon Avenue, 216.83 feet (arc distance), (long chord: South 80°25'2" East, 216.75 feet) to the West line of the Plat of Village of Huron, Portage Township, Houghton County, Michigan; thence South 10°09'30" East (previously recorded as South 10°12' East) along the West line of said Plat, 581.40 feet to a point which is the point of intersection of the West line of said Plat and the prolongation of the North line of Horatio Street in said Plat; thence North 89°57'30" West, parallel to the North line of said Section 2, 499.89 feet; thence North 00°02'30" East, 608.09 feet more or less to the Point of Beginning; said Parcel "A" contains 6.12 acres more or less,

AND Parcel 31-052-185-105-70:

A parcel of land described in a deed dated April 28, 1998, and recorded at Houghton County Register of Deeds Liber 143, Page 51 as being in the Township of Portage, but being described in records maintained by the City of Houghton and the County of Houghton as being in the City of Houghton, but in either event being more particularly described as:

A parcel of land in the S 1/2 of the SE 1/4 of Section 35, T55N, R34W. Commencing at the S 1/4 corner of said Section 35, thence South 89°57'30" East along the South line of said Section 35, 934.21 feet the Point of Beginning; thence North 00°02'30" East to Sharon Avenue right-of-way; thence Southeasterly along Sharon Avenue to a point 183.17 feet South 89°57'30", East of the Point of beginning, thence West along the section line to the Point of Beginning.

# Commissioners

## Effective 10/01/2021

- Building Department
  - Adopting the State Fee Schedules for Electrical, Mechanical, and Plumbing Permits.
    - Administration Fee from \$50 to \$75
    - All Inspection Fees from \$50 to \$75
  - Adopting the State Residential Square Footage Fee Schedules on Building Permits
    - From \$76.46 to \$95.34 for finished space.
    - From \$29.70 to \$35.85 for unfinished space.
    - From \$15.29 to \$17.90 for unfinished basements and attached garages (with the permit pulled at the same time as the home).
    - Mobile home from \$38.23 to \$47.67.
    - Demolition from \$75.00 to \$100.00.
  - Adopting the State Commercial Square Footage Fee Schedules on Building Permits.
    - Commercial Cost per construction square footage.
    - Demolition from \$75.00 to \$100.00
  - Our neighboring counties that are comparable with Houghton County already have the \$75 Administration and Inspection Fee in place.
    - The Counties that do not have this fee cost in place are those that do not have contractual inspectors. Because of this, they utilize the State processes and fees.
  - The requested fee changes have been in effect through the State of Michigan since 04/01/2013. At this time, we are currently under the 04/01/2010 State of Michigan fee Schedule.



## Houghton County Enduring Gifts Fund

### **I. Donor Bill of Rights**

Houghton County is committed to respecting the privacy of our donors and their gift commitments. All gift discussions will start by providing the donor with the attached Donor Bill of Rights form, which is also posted on the County website.

### **II. Short-Term/Transactional Spending Gift Agreements (Restricted/Unrestricted)**

Donors can choose to make a one-time, non-recurring contribution to support a specific county need or the general fund, if unrestricted. These gifts can be put to use immediately, and donors can also choose to make pledged donations. Pledging allows the donor to choose the amount and time period, up to 5 years. For example, a donor may wish to donate \$5,000 each year for the next 5 years, for a total gifted amount of \$25,000.

### **III. Endowed/Long-Term Spending Gift Agreements (Restricted/Unrestricted)**

Donors can choose to make a significant gift (\$25,000+). Donations will be accepted by Houghton County, and then placed in a managed growth fund at Superior National Bank. The gift is then invested, managed, and monitored by both the County and SNB. After *[a period of three years]*, and thereafter on an annual basis, *[4%]* of the fund's balance will then be applied to benefit a county need of the donor's choosing, or to support the general fund if unrestricted.

# AFP Permission to Reprint, Reproduce or Post

Sam Edwards <Sam.Edwards@afpglobal.org>

Tue 7/6/2021 9:54 AM

To: Ben Larson <ben@houghtoncounty.net>;

Good morning, Ben

You may proceed with your request to post the Donor Bill of Rights to the Houghton County website. It is our preference that you use the full text from the PDFs as to not create confusion and to maintain the integrity of what the document is meant to provide. In addition, it is important that AFP's branding stay a part of the document. As such, please use the PDFs of the document if you are able and include the required citations.

Let me know if you have any questions or need additional assistance.

Best,  
Sam

**Sam Edwards, Special Projects Manager**  
**Association of Fundraising Professionals**

4300 Wilson Boulevard, Suite 300 | Arlington, VA 22203-4168 USA

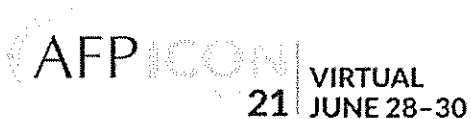
Direct: +1 (703) 519-8475

(U.S./Canada): +1 (800) 666-3863 | (Mexico): +1 (866) 837-1948, ext. 489

Email: [sam.edwards@afpglobal.org](mailto:sam.edwards@afpglobal.org) | Website: <http://afpglobal.org>

Twitter: [twitter.com/afpihq](https://twitter.com/afpihq) | Facebook: [facebook.com/AFPfan](https://facebook.com/AFPfan)

LinkedIn: [linkedin.com/company/afpglobal](https://linkedin.com/company/afpglobal)



**AFP ICON 2021 is going fully virtual!** AFP ICON VIRTUAL, June 28-30, will provide you with access to 100+ world-class education sessions and allow you to connect with fundraising colleagues from around the world! Visit [afpicon.com](https://afpicon.com) to learn more and register today!



## **Houghton County Enduring Gifts Fund: Donor Bill of Rights**

Houghton County abides by The Donor Bill of Rights, which was created by the Association of Fundraising Professionals (AFP).

Philanthropy is based on voluntary action for the common good. It is a tradition of giving and sharing that is primary to the quality of life. To ensure that philanthropy merits the respect and trust of the general public, and that donors and prospective donors can have full confidence in the nonprofit organizations and causes they are asked to support, we declare that all donors have these rights:

- I. To be informed of the organization's mission, of the way the organization intends to use donated resources, and of its capacity to use donations effectively for their intended purposes.
- II. To be informed of the identity of those serving on the organization's governing board, and to expect the board to exercise prudent judgment in its stewardship responsibilities.
- III. To have access to the organization's most recent financial statements.
- IV. To be assured their gifts will be used for the purposes for which they were given.
- V. To receive appropriate acknowledgement and recognition.



## **Houghton County Enduring Gifts Fund: Privacy Policy**

Houghton County is committed to respecting the privacy of our donors. We have developed this privacy policy to ensure our donors that their information will not be shared with any third party.

### What information we collect

Houghton County collects and uses various pieces of information from persons donating to the organization. This includes: amount donated, address, telephone number, donor comments and e-mail address. Tax laws in the United States require Houghton County to keep contact information and contribution level of donors on file.

### How we use that information

Houghton County will use contact information (e-mail, telephone number and address) of donors for these purposes only:

- Distribution of receipts for donations
- Thank donors for their donation
- Inform donors about upcoming fundraising and other activities
- Internal analysis and record keeping
- Reporting to relevant U.S. and State agencies



## Houghton County Enduring Gifts Fund: Gift Agreement

[Donor Name(s)]

[Street address]

[City, State ZIP Code]

[Date]

[I/We] wish to provide support to Houghton County. Accordingly, [I/We] irrevocably contribute [Amount] to Houghton County to establish a fully expendable fund entitled [Fund name].

The fund shall support [fund purpose].

[I/We] understand that the fund will be expended for its intended purposes, in accordance with all Houghton County policies and procedures.

Sincerely,

[Donor Name(s)]

Accepted by: \_\_\_\_\_

\_\_\_\_\_

Date



**Donor Gift Options**

Short-term (transactional)

Unrestricted

Restricted/Specific

Intended Use:

Long-term (endowment)

Unrestricted

Restricted/Specific

Intended Use:

Donor Name (Please Print): \_\_\_\_\_

Donor Signature/Date: \_\_\_\_\_

Administrator Name (Please Print): \_\_\_\_\_

Administrator Signature/Date: \_\_\_\_\_



## Short-Term Gift Agreement

Between

Houghton County and [Donor's Name]

This Gift Agreement ("Agreement") is made this \_\_\_\_ day of \_\_\_\_\_ between [Donor's Names] and their assignee (hereinafter referred to as "the Donor"), and Houghton County, Michigan. The Donor and Houghton County agree as follows:

- i. **Donor Commitment.** The Donor hereby pledges to Houghton County the sum of [insert amount] or more, which as provided for herein is designated for the benefit of [Fund Name].
- ii. **Donor Purpose.** It is understood and agreed that the gift will be used for the following purpose or purposes: *[Description of the use or eventual use of the gift/pledge, the use of the income from the fund, and any additional or stipulated purposes for the gift.]*
- iii. **Payment.** It is further understood and agreed that the gift will be paid in full on or before [insert date]. Pledge payments will be made as follows:

Date	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- iv. **Intent.** It is the agreement of the parties and the intention of the Donor that this gift and any unpaid promised installment under this Agreement shall constitute the Donor's binding obligation and shall be enforceable at law and equity, including, without limitation, against the Donor and the Donor's estate, heirs and personal representatives, and their successors and assignees. The Donor acknowledges that Houghton County has substantially relied on the Donor's gift being fully satisfied as set forth herein.

- v. **Recognition by Houghton County.** To honor the Donor, and to express the appreciation of Houghton County, publicity in the form of news announcements, both internal and external, will be made in the annual report with the permission of the Donor.

The Donor agrees to be recognized in publications and gift society listings per County standards unless otherwise noted below:

I/We wish to have my/our name listed as follows (please print clearly on the line below).

---

I/We wish no publicity with respect to this gift.

I/We wish for this gift to remain anonymous.

- vi. **Reporting and Stewardship.** For capital and current use gifts, once the gift has been fully paid and/or employed by the County for the purpose specified in this Agreement, the County will normally report at least one time (except as the Donor and the County may otherwise mutually agree in writing) on the outcome of the gift.
- vii. **Additional Gifts.** The Donor reserves the right to increase the Fund through additional gifts and hereby consents to additional contributions to the Fund by any individual, corporation, foundation, trust, estate or other legal entity through individual gift, bequest or other gift vehicle, and all gifts so designated shall be subject to the provisions of this Agreement.
- viii. **Future Changed Circumstances.** *[Note that this provision is not necessary for unrestricted gifts, but should be used for all others.]* If, in the opinion of the [Board of Trustees of] Houghton County, all or part of this gift cannot at some time in the future be usefully or practically applied to the above purposes or if the purpose cannot be achieved because of a future change in law or unforeseeable circumstances, it may be used for any related purpose which in the opinion of [the Board of Trustees] will most nearly accomplish the Donor's wishes.
- ix. **Amendment.** By mutual consent of Houghton County and the Donor, the Donor's legally or duly appointed agent or attorney-in-fact, or the personal representative of the Donor's estate, any provision of this Agreement may be amended, modified, or deleted. Any such changes, deletions or additions shall be recorded in written signed addenda, which shall form part of this Agreement.
- x. **Morality Clause.** If at any time the donor or his or her name may compromise the public trust or the reputation of the County, including acts of moral turpitude, the County, with the approval of [the board of trustees], has the right to return the gift.

xi. **Entire Agreement.** This Agreement contains the entire understanding of the parties with respect to the subject matter of the Agreement and is subject to the laws of the State of Michigan. This Agreement also supersedes all other agreements and understandings, both oral and written, between the parties relating to the subject matter of the Agreement.

In witness whereof, the parties to this Agreement have affixed their signatures:

Houghton County Enduring Gifts  
Fund Committee Members

\_\_\_\_\_  
Donor Name/Date

\_\_\_\_\_  
County Controller/Date

\_\_\_\_\_  
Donor Name/Date

\_\_\_\_\_  
Committee Member/Date

\_\_\_\_\_  
Witness Name/Date

\_\_\_\_\_  
Committee Member/Date

\_\_\_\_\_  
Witness Name/Date

\_\_\_\_\_  
Committee Member/Date



## Long-Term Gift Agreement

Between

Houghton County and [Donor's Name]

This Gift Agreement ("Agreement") is made this \_\_\_\_ day of \_\_\_\_\_ between [Donor's Names] and their assignee (hereinafter referred to as "the Donor"), and Houghton County, Michigan. The Donor and Houghton County agree as follows:

- i. **Donor Commitment.** The Donor hereby pledges to Houghton County the sum of [insert amount] or more, which as provided for herein is designated for the benefit of [Fund Name].
- ii. **Donor Purpose.** It is understood and agreed that the gift will be used for the following purpose or purposes: To establish an endowment from which the annual interest earnings will be used to *[Description of the use or eventual use of the gift/pledge, the use of the income from the fund, and any additional or stipulated purposes for the gift. For an endowment, it is necessary to include how the funds will be used while the endowment is being funded. If the donor wishes to designate a portion of his/her gift for an annual contribution, language should appear in this section regarding the distribution of the annual portion. Gifts including proposed namings would specify names in this section (noting also that permanent building or space namings are subject to County approval).]*
- iii. **Payment.** It is further understood and agreed that the gift will be paid in full on or before [insert date]. Pledge payments will be made as follows:

Date	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

It is also understood and agreed that the gift funds as received may be invested by a third-party that shall best determine investment options for this endowment fund (see item #4 below). The spending policy for the endowment will be the policy set forth and approved by [Houghton County Enduring Gifts Committee] which will likely include the use of annual interest earnings only and not invade the principal of the fund to protect and perpetuate growth.

- iv. **Endowment.** The gift specified above shall be used for the purpose of creating an endowment fund to be known as the [Fund Name] ("Fund"). The assets of the Fund may be merged or pooled for investment and investment management purposes with the general endowment or other assets of Houghton County and managed and invested in accordance with Houghton County policy and procedure, but shall be entered on the books and records of Houghton County as the [Name of Fund]. Distributions in support of the above gift purpose and reasonable fees associated with securing, raising, investing, and administering such funds shall be charged to the said Fund administered in accordance with the policies and procedures of Houghton County then in effect.
- v. **Intent.** It is the agreement of the parties and the intention of the Donor that this gift and any unpaid promised installment under this Agreement shall constitute the Donor's binding obligation and shall be enforceable at law and equity, including, without limitation, against the Donor and the Donor's estate, heirs and personal representatives, and their successors and assignees. The Donor acknowledges that Houghton County has substantially relied, and shall continue to rely, on the Donor's gift being fully satisfied as set forth herein.
- vi. **Recognition by Houghton County.** To honor the Donor, and to express the appreciation of Houghton County, publicity in the form of news announcements, both internal and external, will be made in the annual report with the permission of the Donor.

The Donor agrees to be recognized in publications and gift society listings per County standards unless otherwise noted below:

I/We wish to have my/our name listed as follows (please print clearly on the line below).

---

I/We wish no publicity with respect to this gift.

I/We wish for this gift to remain anonymous.

Naming rights shall exist for the useful life of [Named Asset] and the Named Space. In the event that [Named Asset] is demolished, destroyed, or ceases to be used by the County, or in the event that the Named Spaces are relocated or substantially

renovated, the [Houghton County Enduring Gifts Fund Committee] shall work with the Donor, or the Donor's designee, to determine another appropriate form of recognition for the support provided by this gift. In the event that the entire gift amount is not received by the County as agreed upon, the County may, in its sole discretion, remove the Donor's recognition and offer the Donor an alternate naming opportunity appropriate to the total amount of the Donor's gift. Visual recognition of naming rights will adhere to Houghton County standards, including exterior and interior signage, wayfinding, logos, letterhead, and all other representations of the County. Specific details regarding execution of public relations and media strategy will be handled in an addendum to the gift agreement for each gift, as appropriate. Upon completion of the gift transfer, [Named Asset] will be renamed:

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- vii. **Reporting and Stewardship.** Reports on performance of the Fund and use of the proceeds shall be provided annually to the Donor for endowment gifts.
- viii. **Additional Gifts.** The Donor reserves the right to increase the Fund through additional gifts and hereby consents to additional contributions to the Fund by any individual, corporation, foundation, trust, estate or other legal entity through individual gift, bequest or other gift vehicle, and all gifts so designated shall be subject to the provisions of this Agreement.
- ix. **Future Changed Circumstances.** *[Note that this provision is not necessary for unrestricted gifts, but should be used for all others.]* If, in the opinion of the [Board of Trustees of] Houghton County, all or part of this gift cannot at some time in the future be usefully or practically applied to the above purposes or if the purpose cannot be achieved because of a future change in law or unforeseeable circumstances, it may be used for any related purpose which in the opinion of [the Board of Trustees] will most nearly accomplish the Donor's wishes.
- x. **Amendment.** By mutual consent of Houghton County and the Donor, the Donor's legally or duly appointed agent or attorney-in-fact, or the personal representative of the Donor's estate, any provision of this Agreement may be amended, modified, or deleted. Any such changes, deletions or additions shall be recorded in written signed addenda, which shall form part of this Agreement.
- xi. **Morality Clause.** If at any time the donor or his or her name may compromise the public trust or the reputation of the County, including acts of moral turpitude, the County, with the approval of [the board of trustees], has the right to remove the name or return the gift.





## **Houghton County Enduring Gifts Fund: Irrevocable Bequest Pledge Letter Agreement**

On [date] I, [name], establish/amend my will/revocable living trust. The will/ living trust provides that at my death (and the death of my spouse), Houghton County is to receive a bequest of [\$\_\_\_\_\_ (amount) and/or \_\_\_\_\_% of estate].

This sum, when paid from my estate, shall be designated for [*unrestricted/restricted*] use [*if restricted use is identified, state the fund and purpose of the bequest gift. If multiple purposes are identified, specify the amount for each program, service or fund.*].

Specifically, my will/ trust includes the following terms: [*insert verbatim language appearing in the will/trust that sets forth the terms of the bequest to Houghton County OR make reference to copies of the will/trust that shall be attached to this letter agreement*]. I will not create any new will/trust, or codicils that omits or changes the languages cited.

I have retained the right to change my will/trust at any time, and for any purpose. However, to enable Houghton County to formally document my intended philanthropic support for the benefit of the county through my estate, I am establishing this irrevocable bequest pledge.

This pledge may also be satisfied in part or in full by payments made by me at my discretion during my lifetime and so designated by me in writing to Houghton County at the time of said gift(s). Any amounts paid by me from the date of this agreement to the date of my death, which are so designated as pledge payments applicable to this irrevocable bequest pledge, shall reduce my estate obligated to pay under the terms of this agreement.





## Houghton County Enduring Gifts Fund: Revocable Bequest Pledge Letter Agreement

On [date] I, [name], establish my will/revocable living trust. The will/ living trust provides that at my death (and the death of my spouse), Houghton County is to receive a bequest of [\$\_\_\_\_\_ (amount) and/or \_\_\_\_\_% of estate].

This sum, when paid from my estate, shall be designated for [*unrestricted/restricted*] use [*if restricted use is identified, state the fund and purpose of the bequest gift. If multiple purposes are identified, specify the amount for each program, service or fund.*].

Specifically, my will/ trust includes the following terms: [*insert verbatim language appearing in the will/trust that sets forth the terms of the bequest to Houghton County OR make reference to copies of the will/trust that shall be attached to this letter agreement*]. I will not create any new will/trust, or codicils that omits or changes the languages cited.

This pledge may also be satisfied in part or in full by payments made by me at my discretion during my lifetime and so designated by me in writing to Houghton County at the time of said gift(s). Any amounts paid by me from the date of this agreement to the date of my death, which are so designated as pledge payments applicable to this revocable bequest pledge, shall reduce my estate obligated to pay under the terms of this agreement.

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[Donor Name]

[Date]

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[Donor's Spouse Name]

[Date]

Acknowledged and accepted on behalf of Houghton County by:

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[Date]



**Houghton County Enduring Gifts Fund: Non-Cash Gift Agreement**

Name of Donor(s) \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Street Address

City

State

Zip

**Gift Information:**

Describe the gift indicating: the quality, model number, manufacturer, title, artist, condition, location, etc.; whether it needs space, additional support, material and service to operate; and whether it has any liabilities against it. Attach a separate sheet if needed.

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This agreement transfers unrestricted legal title of the gift to Houghton County. There are no restrictions as to the use of this gift.

Estimated Market Value of gift: \$ \_\_\_\_\_

Houghton County is not permitted to value a gift for tax deduction purposes. If the value of the gift is over \$5,000, the donor must obtain an appraisal and provide a copy of the appraisal to Houghton County.

I (We) desire to transfer the above-described property to Houghton County and irrevocably assign, transfer, and give all my (our) right, title and interest in it to Houghton County. I (We) represent and warrant that I (we) have complete and clear title to the property described above and the authority to make this gift. I (We) am (are) aware that acceptance and disposition of the gift(s) are governed by the policies of Houghton County with prior approval by me (us).



### Houghton County Enduring Gifts Fund: Naming Gift Agreement

This naming gift agreement effective as of \_\_\_\_\_, 20\_\_\_\_, is made and entered into contract by and between [Donor name(s)] \_\_\_\_\_, whose address is \_\_\_\_\_ and Houghton County for the use and benefit of Houghton County.

Based upon the recitals below, and in consideration of the mutual promises and benefits hereunder, the parties hereby agree as follows:

Donor wishes to make a charitable gift to Houghton County for the use and benefit of Houghton County as set forth in this agreement.

Houghton County desires to accept such gift, subject to the terms and conditions set forth in this agreement.

1. **Gift-** Donor hereby pledges to Houghton County for the use and benefit of Houghton County the following gift: \_\_\_\_\_.
2. **Payment of the gift-** It is agreed that the gift will be paid in full on or before \_\_\_\_\_, 20\_\_\_\_, or as may be further described hereunder in the event of an agreed payment installment schedule.

[State payment schedule including months, years and amounts].

3. **Use of the gift-** The gift shall be used for the following purpose:  
\_\_\_\_\_
4. **Naming-** In consideration for the gift, Houghton County will acknowledge the gift by naming the building currently known as the \_\_\_\_\_ (“facility”) the name specified herein (“naming”). Before the naming is erected, the gift shall be received by Houghton County. All naming and signage must be approved by the committee.
5. **Duration of naming-** The naming shall be for \_\_\_\_\_ years, beginning on the effective naming date. This agreement shall automatically terminate upon expiration of the term. Upon expiration of this naming agreement, donor will be offered Right of First Refusal to negotiate a new naming agreement.
6. **Termination of naming-** In addition to any rights and remedies at law or pursuant to this agreement’s terms, Houghton County may terminate this agreement and all rights and benefits of the donor hereunder, including termination of the naming, if the payment of the gift is not received in full by the date indicated herein, or in accordance with the installment schedule indicated herein.

Upon any such termination of this agreement and/or the naming hereunder, Houghton County shall have no further obligation or liability to the donor, donor's heirs, or the donor's estate.

7. **Modification of naming-** If during the useful life of the facility, the facility is transferred or converted from Houghton County, closes, is deconstructed, destroyed or severely damaged, significantly renovated, upgraded, modified, relocated, or replaced, then the naming will cease. In such an event, however, the donor, in consultation with and as mutually agreed upon by Houghton County, will have the right to have another available and equivalent facility or building of Houghton County named at terms to be negotiated between Houghton County and donor.
8. **Removal of naming-** The committee and Houghton County reserve the right to rescind this agreement if, during the term, circumstances arise that lead Houghton County (in their sole discretion) to determine that the naming is inconsistent with or conflicts with Houghton County's mission or may compromise the reputation of Houghton County or the committee.
9. **Timing of naming-** The naming will go into effect when payment of the gift is made in full. If installment schedule (and Houghton County agrees to name before gift is paid in full), the naming will go into effect when payment of the gift is at \_\_\_\_% of the total payment due.
10. **Publicity-** For purposes of publicizing the gift and the naming, Houghton County and the committee will have the right, without charge, to photograph the donor and use the names, likenesses, and images of the donor in photographic, audiovisual, digital or any other form of medium, as well as to use, produce, distribute, exhibit, and publish the media materials in any manner in whole or in part, including in brochures, website postings, informational and marketing materials, and reports and publications describing Houghton County and/or the committee's development and business activities.
11. **Assignment-** This agreement and the rights hereunder may not be assigned by either party without the prior written consent of the other party, which consent shall be in the sole and absolute discretion of the non-assigning party.
12. **Entire agreement-** This agreement constitutes the entire agreement of the parties with regard to the matters referred to herein, and supersedes all prior oral and written agreement, if any, of the parties in respect hereto. This agreement may not be modified or amended except by written agreement by both parties hereto. The captions inserted in this agreement are for convenience only and in no way define, limit, or otherwise describe the scope or intent of this agreement, or any provision hereof, or in any way affect the interpretation of this agreement.
13. **Governing law and venue-** This agreement will be governed by and constructed in accordance with the law of the state of Michigan without regard to any conflict of laws rule or principle that might refer the governance or construction of this agreement to the laws of another brought in connection with disputes relating to or arising out of this agreement will be filed and heard in Houghton County, Michigan, and each party waived any objection that it might raise to such venue and any right it may have to claim that such venue is inconvenient.



14. **Committee's approval-** This agreement and the recognition and naming provided for herein are subject to the approval of the Enduring Gifts Committee.
15. **Binding agreement-** The parties, by signing below, agree and acknowledge that this agreement is a binding and enforceable contract.

Accepted and agreed upon by:

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Donor Printed Name	Date	Donor signature
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Donor Printed Name	Date	Donor signature
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Houghton County



### Houghton County Enduring Gifts Fund: Donation Receipt

Date: \_\_\_\_\_

Donor's Name(s): \_\_\_\_\_

Donor's Address: \_\_\_\_\_

Thank you for your donation of \_\_\_\_\_ dollars, made to the Houghton County. This donation shall be used for the \_\_\_\_\_ fund.

I, Benjamin Larson, the Houghton County Administrator, declare under penalty of perjury under the laws of the United States of America that there were no goods or services provided as part of this donation. Furthermore, as of the date of this receipt Houghton County is in accordance with the standards and regulations of the Internal Revenue Service (IRS).

Houghton County Administrators Signature: \_\_\_\_\_

Houghton County Controller Signature: \_\_\_\_\_



Search...

## Meeting Calendar

To see private events and meetings, you must be an MMRMA member and be logged into this site. Please use the "Member Login" option at the top of the page.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

### Show Meetings by Category:

- General Membership
- Risk Control Advisory Committees
- Standing Committees

GO

Ben Larson

State Pool Committee Member / Officer

\$0 cost to attend

To find out if a meeting has been canceled due to inclement weather, please call 1-800-243-1324.

3 Day Event  
Beginning On:  
**8.19**

### 2021 MMRMA Annual Meeting

Location: Grand Traverse Resort, Acme, MI

MMRMA is excited to announce the return of our Annual Meeting in 2021! We look forward to celebrating our **40 Plus One** anniversary with members at the Grand Traverse Resort the weekend of August 19-21, 2021.

**IMPORTANT UPDATE:** MMRMA's room blocks are full and registration for the Annual Meeting is now closed. For special needs and other information, please contact Denise McGinn at 517.333.3628 or [denise@associationguidance.com](mailto:denise@associationguidance.com).

The Annual Meeting is the perfect opportunity to reconnect! MMRMA members can network with the Board of Directors, leadership, staff, and service providers. While there, you will have the chance to meet colleagues from across Michigan, attend the Annual Business Meeting, and learn more about the organization.

Go here to see the full agenda. Here is a sneak-peek at 2021's featured presenters:

- **Joseph Mayo — The Tao of Risk Management.** Thursday's opening speaker is an experienced writer, speaker, IT professional, and certified Project Management Professional (PMP) and Risk Management Professional (RMP). He will kick things off with a session on how organizations can successfully manage risk. On Friday morning, Joseph returns to present on avoiding culture-driven risk management disasters.
- **Jon Engstrom — Cyber Security.** Friday's training also features a session from Jon Engstrom. A 20-plus-year veteran in metropolitan law enforcement, Jon trains internal department teams and outside organizations in how to protect against cyber-crime. With a certification in ethical hacking, Jon focuses on incorporating an attacker's perspective into investigations and operational security.
- **Tim Skubick — Media Relations.** A familiar face from our Risk Management Workshops, Tim is a correspondent and radio host of *Off the Record* on WKAR in Lansing. With extensive experience in state and national media, he will share his guidance on dealing with the media.
- **Meagan Johnson — Generations in the Workplace.** Meagan is MMRMA's special guest speaker at Saturday morning's Annual Business Meeting. A generational expert and humorist, Meagan will provide her insights on how to fill the employment need in today's evolving landscape.

#### Please Note:

If you have questions about the Annual Meeting or the registration process, please contact Tamara Christie, MMRMA Communications Specialist, at 734-513-0300 or Denise McGinn, MMRMA Events Planner, at 517-333-3628.

All participants must formally register in order to attend the Annual Meeting.

We look forward to seeing you there!

#### Looking Ahead:

MMRMA has scheduled several future Annual Meetings and Risk Management Workshops. Here are the dates you need to know:

#### Annual Meeting

- August 19-21, 2021
- August 18-20, 2022
- August 17-19, 2023
- August 22-24, 2024
- August 21-23, 2025

#### Risk Management Workshop

- February 24-25, 2022



**COUNTY OF HOUGHTON  
Conference or Other Travel Request**

Reason for Travel and Destination: 2021 Michigan Association of County Administrative Officers (MACAO) Conference

Date(s) of Travel: August 31<sup>st</sup> thru 3 September 2021

Check any of the following as applicable for this travel request:

Required Training		Conference Attendance:		Association Meeting:	
Needed for License		Annual	<input checked="" type="checkbox"/>	Annual	<input checked="" type="checkbox"/>
Needed for Certification		Bi-Annual	<input type="checkbox"/>	Bi-Annual	<input type="checkbox"/>
State or Other Mandate		Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
Seminar	<input checked="" type="checkbox"/>			Training Not Required	<input type="checkbox"/>

This request is included in the Department Budget:  X  Yes   No

Travel Budget \$ 500.00 Training/Conference Budget: \$ 1,000.00

Estimated costs to be requested for payment from Houghton County Lodging \$534.00  
Registration Fees: x (1) \$ 75.00

Portion of costs to be paid other than by Houghton County: \$0.00

Submitted by: Elizabeth L Bjorn Title Controller

Date 08/02/2021

Department: Controller's Office Supervisor's Signature \_\_\_\_\_

\*\*\*\*\*

Approved   Disapproved by the Houghton County Board of  
Commissioners at their meeting held on 10 August 2021

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

# 2021 Annual Conference

Michigan Association of County Administrative Officers

Sept. 1-3, 2021

Crystal Mountain Resort, Thompsonville, Michigan

DRAFT – AGENDA – subject to change

## Tuesday, Aug. 31, 2021

6:00 p.m. – 8:00 p.m. Welcome Reception & BBQ  
Sponsored by Brown & Brown of Central Michigan

## Wednesday, Sept. 1, 2021

8:30 a.m. – 9:00 a.m. Continental Breakfast  
Sponsored by Miller Canfield

9:00 a.m. – 9:05 a.m. Welcome  
Mark Eisenbarth, MACAO President

9:05 a.m. – 10:45 a.m. The Strategic Advantage of Putting People First  
Sponsored by Enterprise Fleet  
Nicole Lance, Nicole Lance Strategies

11:00 a.m. – 12:00 p.m. Dispelling the Myths of DEI in Government  
Robyn Afrik, Ottawa County Director of DEI

12:00 p.m. – 1:00 p.m. Lunch  
Sponsored in part by MAC & MAC Service Corporation & MMRMA

1:00 p.m. – 1:30 p.m. Pharmaceutical Spending  
Sarah Kline, COO, 44 North

1:30 p.m. – 2:00 p.m. MIDC Study/Report Update  
Scott Dzurka, Public Sector Consulting

2:00 p.m. – 3:00 p.m. Legislative Update  
MAC Staff

6:00 p.m. – 7:00 p.m. Reception  
Sponsored by MAXMIUS, Inc.

7:00 p.m. Banquet  
Sponsored in party by Gallagher

## Wednesday, Sept. 1, 2021 (cont.)

9:00 p.m. Hospitality Room  
Sponsored by Northland Securities  
Entertainment  
Sponsored by 44 North

## Thursday, Sept. 2, 2021

8:00 a.m. – 9:00 a.m. Breakfast

9:00 a.m. – 10:00 a.m. MACAO Board & General Membership Meeting

10:00 a.m. – 10:30 a.m. GASB 87 Update  
Doug Deeter, Principal, Rehmann

10:45 a.m. – 12:00 p.m. Hiring in a Challenging Time  
Jaymes Vettraino, VP GovHR

12:00 p.m. – 1:00 p.m. Lunch  
Sponsored by Ibox Insurance Agency

1:00 p.m. – 5:00 p.m. Networking Session – details provided at conference registration  
Sponsored by Bendzinski & Co., Rehmann, Huntington & Dickinson Wright, PLLC

6:00 p.m. Dinner on your own

## Friday, Sept. 3, 2021

9:00 a.m. – 11:00 a.m. MACAO Nuts & Bolts  
Moderator: Jeff Lawson  
Cheboygan County Administrator

### REGISTRATION FORM

Name Elizabeth L Bjorn Title Controller  
Organization/County Houghton County Phone (906) 482-8307  
Address 401 E Houghton Ave Houghton, MI 49931

Registration Fee (MACAO Member) .....\$75.00 per person

Registration Fee (NON-MACAO Member).....\$175.00 per person

Banquet Choice: Sirloin & Herb Brined Chicken  Coconut Crusted Walleye   
 Vegetable Paella

#### Cost of Guest Meals

Wednesday Luncheon .....\$20.00

Wednesday Banquet .....\$45.00

Thursday Breakfast.....\$17.00

Guest Name \_\_\_\_\_ Guest Banquet Choice: Sirloin & Herb Brined Chicken  Coconut Crusted Walleye   
 Vegetable Paella

Please make your lodging reservations by filling out the enclosed form and mail it or fax it to Crystal Mountain Resort directly. Please email your conference registration Derek Melot at [melot@micounties.org](mailto:melot@micounties.org). Make your conference registration check payable to MACAO, then mail to Jamie Pemberton, c/o Michigan Association of County Administrative Officers, 110 W. Michigan Ave., Ste. 200, Lansing, MI 48933. Registration is due no later than August 27, 2021.

**COUNTY OF HOUGHTON  
Conference or Other Travel Request**

Reason for Travel and Destination:

Code Officials Conference of Michigan

Date(s) of Travel:

September 27, 2021 - October 1, 2021

Check any of the following as applicable for this travel request:

Required Training		Conference Attendance:		Association Meeting:	
Needed for License		Annual		Annual	
Needed for Certification	X	Bi-Annual	X	Bi-Annual	X
State or Other Mandate		Other		Other	
Seminar				Training Not Required	

This request is included in the Department Budget:  Yes  No

Travel Budget \$975.00

Training/Conference Budget: \$ 975.00

Estimate all costs requested for payment from Houghton County:

Total Cost

Portion of costs to be paid other than by Houghton County:

N/A

Submitted by: Todd LaRoux Title Building Official Date 08/05/2021

Department: Building Supervisor's Signature 

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Approved  Disapproved by the Houghton County Board of Commissioners at their meeting held on \_\_\_\_\_.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



# Code Officials Conference of Michigan

Fall Conference

Crystal Mountain- Thompsonville, MI

September 28-October 1, 2021

## 2021 FALL CONFERENCE REGISTRATION

**You MUST send your REGISTRATION, MEMBERSHIP FORM (if not already a 2021 member) and PAYMENT as soon as possible to COCM so that it is received no later than September 11, 2021**

Name:		Jurisdiction representing:	
Mailing address	City	State:	Zip code:
Telephone number:	Email Address:	Inspector registration #	

**\*\*\*2021 Annual COCM Scholarship Golf Outing Monday September 27, 2021 Please see separate golf registration form\*\*\***

<input type="checkbox"/> SINGLE DAY: \$140.00 if <u>application and payment</u> are received by September 11, 2021 <input type="checkbox"/> SINGLE DAY: \$165.00 if <u>application and payment</u> are received after September 11, 2021 For Single Day registration, please check the day(s) you will be attending below Tues Sept 28 <input type="checkbox"/> Wed Sept 29 <input type="checkbox"/> Thurs Sept 30 <input type="checkbox"/> Fri Oct. 1 <input type="checkbox"/>	Enter Conference fee here.....
<input type="checkbox"/> FULL Conference: \$285.00 (all or multiple days) if <u>application and payment</u> received by September 11, 2021 <input type="checkbox"/> FULL Conference: \$300.00 if <u>application and payment</u> received after September 11, 2020	\$
<b>ANNUAL FALL BANQUET: Attendance at the Thursday Evening Banquet is included with Full Conference Registration for Member and a Guest at no additional charge. (a \$40 value per person)</b>  \$40.00 per Person Banquet fee applies to Conference attendees wishing to attend the banquet with SINGLE DAY CONFERENCE REGISTRATION, or those who may wish to just attend the Banquet  Please indicate your plans to attend the Thursday evening banquet by checking the appropriate box below. WILL ATTEND: Myself <input type="checkbox"/> Guest <input type="checkbox"/> WILL NOT BE ATTENDING: <input type="checkbox"/>  ATTEND BANQUET ONLY + \$40.00 fee: <input type="checkbox"/> Myself <input type="checkbox"/> Guest	Enter Banquet fee (if applicable) here.....  \$
<b>2021 COCM MEMBERSHIP:</b> Membership Dues are \$45 per member. Membership is required to participate in the conference. Membership applications can be found at the COCM website. Check the COCM website for the current list of 2021 paid members  <u>If your name is not shown as a paid 2021 member, \$45 DUES PAYMENT and a completed membership form must be submitted with your conference registration.</u>	Enter Membership fee (if applicable) here  \$
<b>Golf and/or Conference fee + Banquet (if applicable) + Membership Dues (if not yet a member) = TOTAL PAID</b>	\$

**HOTEL:** Crystal Mountain Resort      12500 Crystal Mountain Dr      Thompsonville, MI 49683      1-855-520-2974

HOTEL ACCOMODATIONS ARE NOT INCLUDED IN THE CONFERENCE FEE. Hotel contact information is provided above. Indicate you are with "COCM" when making your reservation. Room Block is held until August 28, 2021.

Please make check payable to COCM and mail with registration form to: <b>COCM</b> <b>PO Box 71913</b> <b>Madison Height, MI 48071</b>	<b>COCM CONTACT INFORMATION</b> <a href="http://www.cocm.org">www.cocm.org</a> <a href="mailto:cocm1@yahoo.com">cocm1@yahoo.com</a> 989-837-3388
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**Western Upper Peninsula  
Planning & Development Region Commission**

400 QUINCY STREET, 8<sup>TH</sup> FLOOR, HANCOCK, MI 49930  
906-482-7205 FAX 906-482-9032 E-MAIL: [info@wuppdr.org](mailto:info@wuppdr.org)

July 22, 2021

Mr. Ben Larson, Administrator  
Houghton County Courthouse  
401 E. Houghton Avenue  
Houghton, MI 49931

Mr. Larson,

This will serve as our billing for the 2020-21 matching fund participation for Houghton County for the July 2021 – September 2021 quarter in the amount of \$2,866.50.

If you should have any questions, please feel free to contact me at 482-7205 (ext. 117).  
Thank you.

Sincerely,

A handwritten signature in blue ink that reads 'MaryEllen Hyttinen'.

MaryEllen Hyttinen  
Office Manager



**STATEMENT**

Copper Country Community Mental Health  
 901 W. Memorial Drive  
 Houghton MI 49931

(906) 482-9400 Ext. 0114

Date:	6/30/2021
Account:	00052

Amount Paid:	
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HOUGHTON COUNTY TREASURER  
  
 C/O ELIZABETH BJORN  
 401 E HOUGHTON AVENUE  
 HOUGHTON MI 49931

Payment Terms: NET 30

Deposits Received: \$0.00

*^Please return this portion with your payment^*

Document No.	Date	Code	Description	Amount	Balance
INV00000030000000125	4/28/2021	SLS	1/12th Appropriation	\$13,707.91	\$13,707.91
INV00000030000000126	5/28/2021	SLS	1/12th Appropriation	\$13,707.91	\$27,415.82
INV00000030000000127	6/28/2021	SLS	1/12th Appropriation	\$13,707.91	\$41,123.73
				<b>Amount Due:</b>	<b>\$41,123.73</b>

<u>Current</u>	<u>1-30 Days</u>	<u>31 - 60 Days</u>	<u>61 - 90 Days</u>	<u>Over 90 Days</u>
\$13,707.91	\$13,707.91	\$13,707.91	\$0.00	\$0.00

Codes: SLS = Sales / Invoices  
 DR = Debit Memos

CR = Credit Memos  
 RTN = Returns

PMT = Payments



# Western Upper Peninsula Health Department

7/1/2021

**Invoice**

9210018

540 Depot St., Hancock, MI 49930  
Phone (906) 482-7382, Fax (906) 482-9410

Houghton County  
Houghton County Courthouse  
Attn: Elizabeth Bjorn  
401 E. Houghton Avenue  
Houghton, MI 49931  
USA

Fiscal Year 2021 - Fourth Quarter  
July - September 2021

Charge Date	Description	Qty	Unit Price	Amount
7/1/2021	Quarterly Appropriations - Houghton County, July - September 2021	0.00	0.00	\$66,680.75

Payment Terms: Net 30 Days

**Please return bottom portion with your payment.**

Total: \$66,680.75

Customer ID HTN CTY

Invoice ID 9210018

Customer Name Houghton County

Invoice Date 7/1/2021

Charge Date	Description	Qty	Unit Price	Amount
7/1/2021	Quarterly Appropriations - Houghton County, July - September 2021	0.00	0.00	\$66,680.75

Payment Terms: Net 30 Days

Total: \$66,680.75

Fiscal Year 2021 - Fourth Quarter  
July - September 2021